FILED Feb 05, 2002, 8:00, am

2002	UNIFORM	BUSINESS	REPORT	(UBR)
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DOCUMENT # P0100 1. Entity Name STEPHEN LOUIS DOUGLASS JR., F	00040044 P.A.	Secretary of State 02-05-2002 90018 004 ***150.00	
Principal Place of Business 931 NORTHEAST 23RD STREET POMPANO BEACH FL 33064	Mailing Address 931 NORTHEAST 23RD STRI POMPANO BEACH FL 33064		
2. Principal Place of Business	3. Mailing Address	13 51	
Suite, Apt. #, etc. 931 NE a3	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State Pompano FL Zip Country	City & State Om Pan		4. FEI Number Applied For Not Applied be
Zip Country 33064 AMERICA 6. Name and Address of Curren	33064	Country Amorica	5. Certificate of Status Desired S8.75 Additional Fee Required 7. Name and Address of New Registered Agent
		Name	
SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES FL 33134		Street Address	(P.O. Box Number is Not Acceptable)
ASSAULACIA (*)		City	FL Zip Code
SIGNATURE Signature, type or printed name of registered agen	anglass A	egistered office or registe	1-17-02
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FEE IS \$150.00 Fee will be \$550.00 to Department of St	ate 10. Election Campaign Financing \$5.00 May Be Added to Fees
11. OFFICERS AND		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME PSTD STREET ADDRESS CITY-ST-ZIP PSTD DOUGLASS, STEPHEN L 931 NORTHEAST 23RD STREET POMPANO BEACH FL 33064	☐ Delete	TITLE NAME STREET ADDRESS City-St-Zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE -NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition Gection 119.07(3)(i), Florida Statutes. I further certify that the information

19. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #